

that it is quite common for clinical lecturers to point out the necessity of being constantly on the lookout for accidents and complications in the course of disease.

Among the signs of danger none are of greater importance than those which indicate the presence of commencing paralysis of the heart and of the respiratory centre in the medulla oblongata, and when these are observed—no matter how little marked they may be—they should be at once met with appropriate treatment. Nothing is more likely to produce paralysis of the heart and of the respiratory centre than long-continued fever; and although the author fully recognizes the fact that high temperature does not alone constitute fever, and that all the lesions of fever are not due to it solely, he is nevertheless fully convinced of the necessity of moderating it whenever this is possible. He therefore raises his voice against a purely expectant plan of treatment in fevers, by which, in his opinion, many lives have been sacrificed, and urges upon us the use of the cold bath, by means of which we have it in our power generally to convert a high degree of fever into a low one. All the good effects of the cold bath are not, however, to be referred to its powerful influence in reducing the temperature of the body. By its sudden action on the cutaneous nerves, the central organs of innervation are aroused from their torpor. In this way the author explains the improvement in the mental condition of a fever patient, which often immediately follows his immersion in a cold bath, or before any considerable reduction in his temperature can have taken place. He recommends, however, the use of the cold bath not merely in long-continued fevers with high temperatures, but in the beginning of the treatment of scarlatina maligna and of other diseases of this class. It may also be used with advantage in the management of so simple a disease as tonsillitis, in which we shall often by its use prevent the occurrence of the prostration which often succeeds to this condition, and which can only be attributed to the high fever which generally accompanies it.

The special dangers which occur in the course of chronic diseases are also carefully pointed out by the author, and so are the means by which the physician is to avoid them. As these are to be found in every text-book, it seems unnecessary to call special attention to them here.

J. H. H.

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ART. XXXI.—*Congenital Occlusion and Dilatation of Lymph Channels.*

By SAMUEL C. BUSEY, M.D., Professor of Theory and Practice of Medicine in University of Georgetown, etc. 8vo., pp. xvi., 187. New York: Wm. Wood & Co., 1878.

How great a fire a little matter kindleth is well seen in this book. The author had under his care a single case with which the volume opens; became interested in studying the subject, ransacked the literature of all nations, and has gathered together eighty-seven other cases, given usually with some fulness, and illustrated by fifty-six engravings. In his preface he acknowledges fittingly his obligations to Dr. Billings and the National Medical Library. Indeed such a book could not have been written before the existence of this library and the extraordinarily useful and elaborate subject-catalogue prepared in connection with it.

The book consists practically of a series of articles contributed to the *American Journal of Obstetrics*, and is supplemented by a similar series, published in the *New Orleans Medical and Surgical Journal*, on the acquired varieties of the disease. The two constitute a valuable contribution to an obscure subject, involving an immense amount of research, “while never neglecting a busy practice, and

for the most part during the hours usually appropriated to recreation and sleep"—an example of industry and zeal for many a young doctor not overburdened with patients, if not to the traditional "busy practitioner."

To analyze the book would be largely to reproduce it, and we must refer those interested in the subject to the text itself. It consists essentially of the narration of the collected cases grouped together clinically, and followed by a running commentary. At the end are placed some "General Remarks" and a section on "Treatment." This, whether constitutional or local, medical or surgical, is naturally unsatisfactory, for the disease is but little amenable to treatment other than amputation—where this is practicable.

The book has one serious defect as it seems to us. With such a mass of material the subject might have been treated systematically, giving its pathology, etiology, description, diagnosis, prognosis, and treatment under appropriate headings, using such typical cases as might be selected, and grouping the remaining cases, to which reference could be made, at the end. Students of the subject would thus have been able to obtain succinctly a more accurate idea of the disease. As the book is arranged it is essential to read it all, and moreover one will rise from its reading without such crystallized and sharply-cut notions as an author who has carefully studied the subject can readily formulate in well-chosen words. The author pleads in excuse that he has desired to present the subject clinically. But after all a book is intended to impart useful information, and we think the end would have been better attained had the book been recast in the form we have suggested.

W. W. K

ART. XXXII.—*The Antidotal Treatment of Disease.* By JOHN PARKIN, M.D., Corresponding Fellow of the Royal Academies of Medicine and Surgery of Madrid, of Barcelona, and of Cadiz; F.R.C.P. Edinburgh, etc. Part I. 8vo., pp. 307. London: Hardwicke and Boyne, 1878.

IF it be obvious that all criticism of books involves a twofold duty, towards authors and towards those who read, it will appear also that the principle of the greatest good to the greatest number makes paramount the reviewer's duty towards readers. Granting this, three kinds or classes of books may be named, which will include all: first, those which every one *must* read, if he would not fall entirely behind his times; secondly, those which any one *may* read, who has abundant leisure, and special interest in its subject; and thirdly, those which no one ought to waste time upon under any circumstances.

We believe it not unjust to Dr. Parkin's book to place it in the second of these categories. It gives evidence of considerable research in regard to the history of medical systems and theories; and a commendable acquaintance with recent pathological and therapeutical investigations. The characteristic matter of the book, however, consists in three ideas or opinions of the author, with a number of clinical facts interpreted by him as supporting them. The first of these opinions is, that "the majority of fevers—all specific or essential fevers—are the product of one particular agent, viz., *malaria*." In this identity of causation Dr. Parkin includes intermittent and remittent fever, yellow fever, typhus, (probably) typhoid, puerperal fever, smallpox, scarlet fever, and measles; repudiating the "theory of contagion" altogether (p. 298).

His second peculiarity lies in the pathological domain. He holds that the *symptoms* of all fevers are due to the presence of the malarial poison in the *capillaries*,